

# BEST AVAILABLE COPY

<b>CLAIMS ONLY</b>							SERIAL NO. <u>098674 69</u> FILING DATE _____	
							APPLICANT(S) _____	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL DEP.	0	↓		↓		↓		
TOTAL CLAIMS	1							

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TOTAL IND.		↓		↓		↓		↓
TOTAL DEP.		↓		↓		↓		↓
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS